

 www.dsp.wi.gov	<h1>COMPLAINT REGISTRATION</h1> <h2>Industry Services</h2>	Return Form To: Industry Services Management Services Section P.O. Box 7302 Madison, WI 53707-7302 Fax: (608) 283-7499 Telephone: (608) 266-7548 E-mail: SBComplaintFiling@commerce.state.wi.us
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Personal information you provide may be used for secondary purposes. [Privacy Law, s.15.04 (l) (m)]

Contact your local Municipal Inspection Department before submitting this complaint to the State.

Safety and Buildings has no jurisdiction over contractual or leasing issues. Please contact the Wisconsin Department of Agriculture, Trade and Consumer Protection at 1-800-422-7128 (in WI only) or www.datcp.state.wi.us.

The Department reserves the right to decide if a complaint will be investigated. Fees may be assessed to conduct the investigation in accord with Comm 2.04(2). You must provide your name and address when filing a complaint.

Complete Both Sides of Form

Your information: Name (please print):	Date of Complaint MM/DD/YR	Is confidentiality requested? (within the limits of the state Open Records Laws) <input type="checkbox"/> Yes <input type="checkbox"/> No	
Street Address:			
City, State, Zip:			
Telephone Numbers (include area code): Home: () Work: ()			
RESPONDENT INFO Name (who complaint is registered against):		Site/Project Info Complaint Location (site/project name):	
Street Address:		Street Address:	
City, State, Zip:		City, State, Zip:	
Daytime Telephone Number (include area code): ()		County of	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City of
COMPLAINT Involves the Following Program(s): Amusement Rides <input type="checkbox"/> Blasting <input type="checkbox"/> Boilers/Pressure Vessels <input type="checkbox"/> Commercial Building <input type="checkbox"/> Credentialing <input type="checkbox"/> Electrical <input type="checkbox"/> Elevators <input type="checkbox"/> Erosion Control <input type="checkbox"/> Fire Safety <input type="checkbox"/> Manufactured Homes <input type="checkbox"/> Manufactured Home Parks <input type="checkbox"/> Manufactured Housing Dealer <input type="checkbox"/> Mines/Quarries <input type="checkbox"/> Plumbing <input type="checkbox"/> Pools <input type="checkbox"/> Mechanical Refrigeration <input type="checkbox"/> Private Sewage Systems/Holding Tanks <input type="checkbox"/> Public Safety <input type="checkbox"/> Rental Weatherization <input type="checkbox"/> Storm Water <input type="checkbox"/> Gas Systems <input type="checkbox"/> One-and Two-Family Homes <input type="checkbox"/> Ski Lifts/Ski Tows <input type="checkbox"/> Plumbing Products <input type="checkbox"/> Other: _____ Have you worked with any other Safety and Building staff regarding this complaint/project? <input type="checkbox"/> Yes <input type="checkbox"/> No To your knowledge, has this project been submitted to Safety and Buildings for review/approval? <input type="checkbox"/> Yes <input type="checkbox"/> No If you answered yes to either of the questions above, please indicate who you worked with and any transaction/identification numbers assigned to it. Staff Name _____ Transaction/identification numbers _____			

[illegible]

For Office Use Only	
Investigation Transaction Number: _____	Date Complaint Received: _____
Assigned/Referred to: _____	
Code Sections	Action taken: (Attach copy of inspection report or orders, if necessary).
_____	_____
Entered By: _____	